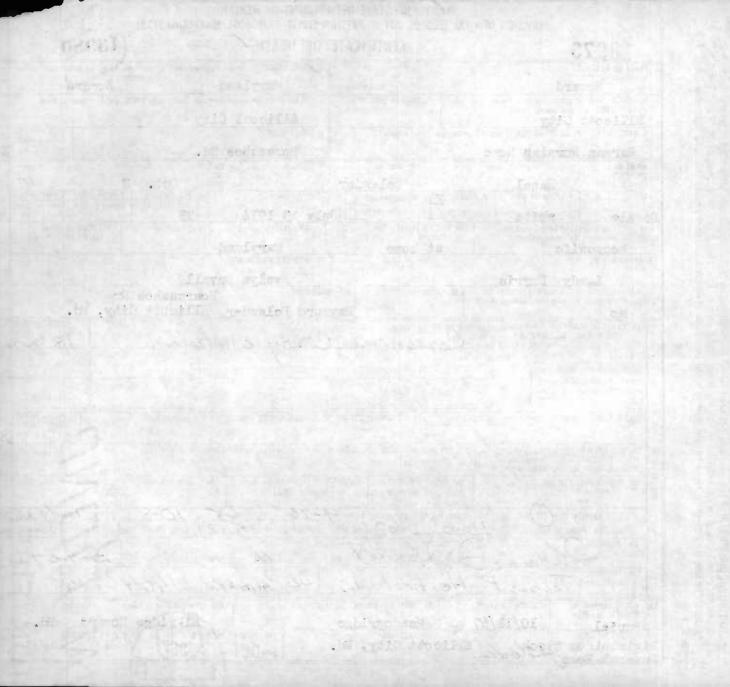
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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rsician: ospital or certificate hed for u		CERT		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED. (Enter no	ture of injury in	Port I or Po	ort II of item 18.)				
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OR ATTEN be retoined DIRECTOR: ge 3 should led with the			220. SIGNATURE	Thomas	2	Herbe	rt M.D	. PHYS		MED. DIRECTOR	STAFF PHYS.	22b. D	ATE SIGNI	D -67	
P o o			22c. PHYSICIAN'S NAME (Type)	Thomas 1	F. He	sbert.	MD	220	H. ADDRESS 4 Chun	chla	Ellica	4 Ch.	Ma	,	
O HOSPII Page 4 m O FUNER/ director, should be		230	BURIAL, CREMATIC REMOVAL (Specify			23c. NAME OF CE		CREMATO	RY	23d. I	OCATION (City or T	,	(County)		tote)
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VR A15 (4)		H	ginboth	m Slack	/ Elli	cott City	r, Md.			T 1 3		Clian		udgi	C.



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This certificate should be executed within 24 haurs after death.

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- BROUGH (D) (D) (D) (A) MILES DIFFE That will wroning the same Contain are the best of the city of the area of the 7 2-14, The state of the s te Unit - 557 mm. my el . Portor, 120 Murendon sto. as: in the contract of the 4 palaging against Spirit to move of the I con-DE Demok vito dinotilis granify it is a fill pos THE REPORT OF THE PARTY OF THE order to the still state of the state of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13983 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral s 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Howard Co. b. COUNTY MARYLAND by the Pages b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town ease remave carbon papers. Pagand in any event, within 72 hours 11 mostly Pural -Ellicott Cit d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) .= IS RESIDENCE ON A FARM? d. STREET ADDRESS filled 635 Riland Schafer ConualEscent Home YES NO X NAME OF DATE Month completely lave carbon Lost Dov Year DECEASED 19 6 DKINS (Type or print) DEATH October S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years lost birthdoy) Months Dovs Hours white 18881 NOVEMBER FEMALE WIDOWED X DIVORCED and 10b, KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) please INDUSTRY physician BAltimore City, MArylAnd Housewife Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal. en HERbERT Lincoln WEBb ippincett 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 16. SOCIAL SECURITY NO 17. INFORMANT Address 213-36-8101 crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per ling-for (o), (b), and (c). burial-transit PART I. DEATH WAS CAUSED BY ONSER AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUF TO signed 1 burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the has been lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) State Dept. of Health NO DO certificate g 200, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form 20c. TIME OF INJURY Month, Dov. Year (City or town) (County) (Stote) this Hour o.m. foctory, street, office bldg., etc.) While Not While After of work 21. 1 certify that (1) this haspital) attended the deceased fram 1967, and that death accurred at 328. M, fram causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED director, page 3 shauld be filed v DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) REMOVAL (Specify) Oct. 9, 1967 DAMPUSTON CEMETER Darlington, Harford Co. Md. 21034 250. SECD BY REGISTRANGE 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR A SMAIllians VR A15 (4) 25M 1/67 BEI Air, MAMIDOLZIOIY

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13979 CERTIFICATE OF DEATH 13984 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RUPAL and give nearest town) par papers. Pag requires that the death certificate be executed within 24 hours Jessup d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE physician and campletely filled in ON A FARM? YES NO S 3. NAME OF First Middle DATE Lost Month Dov Year DECEASED Aileen 10 10 1961 attending physician una surant cremation, ar remaval, and in any event. (Type or print) Moore DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** last birthdoy) Days Hours WIDOWED DIVORCED Female negro 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM enson WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address permit. (Yes, no, ar unknown) (If yes give war ar dates of service CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o' signed by Page 4 may be retained by the hospital ar ottending physicion. DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse has been director, page 3 shauld be detached far use as the ishauld be filed with the State Dept. of Health priar to lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? CERTIFICATION YES 🗌 NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this hospital) ottended the deceased fram that (I) (we) last 3 shauld and that death occurred at 1. LOP M, from couses and on the date stoted obove. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF 0-10-M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d ADDRESS NAME (Type) 230. BURIAL, CREMATION REMOVAL (Specify) 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 20 M 1

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	Item 18a -21 film #395 MARYLAND STATE DEPARTMENT OF HEALTH	
	11-6-67 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	200
FOR STATE	13980 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3985
rtmen of	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen b. COUNTY b. COUNTY	ce before odmissian)
P P P P P P P P P P P P P P P P P P P	Howard MARYLAND Maryland	Howard
men l	b. CITY OR TOWN (If outside carporate limits, write RURAL and give neorest town) c. CITY DR TDWN (If autside carporate limits, write RURAL and give neorest town)	nearest town)
Departmen	Clarksville	1311
Dep Dep	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Clarksville Ridge Clarksville, Ridge	YES ND
	3. NAME OF First Middle Lost 4. DATE Month OF	Doy Year
	(Type or print) MARTHA ANN BRIDGES SHINN 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IFUNDER)	27 19 67
		Doys Hours Min.
eot	Female White WIDOWED DIVORCED 5-12-1914 53 yrs. 100. USUAL DCCUPATION (Give kind of work done 10b. KIND OE BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. (1)	TATELL OF THIRD
er d	during most of working life, even if retired) INDUSTRY	TIZEN OF WHAT UNTRY?
at o	DOCTORS SCIENCE LL. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ours	The months of ministration	
2 hc		
in 7	15. WAS DECEASED EVER IN U.S. ARMED EDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 216-44-713/	
burial-transit permit. File pages 1 and 2 with the State n ony event within 72 hours after death.	1B. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).)	INTERVAL BETWEEN
t .	PART I. DEATH WAS CAUSED BY: Asphyxia due to obstruction of Tracheostomy MMEDIATE CAUSE (o)	ONSET AND DEATH
eve	DUE TO	
ony	Conditions, if any, which gove) (b)	
=	rise to immediate cause (a), Stating the underlying couse DUE TD	
gug	lost. (c)	
5	PART II. OTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	19. WAS AUTOPSY PEREORMED?
	200. EXTERNAL CAUSE WAS PRIMARY To recommend of injury in Port I or Port II of item 18.) 200. TIME DE INJURY Month, Doy, Year Hour a.m. 200. INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 201. TIME DE INJURY Month, Doy, Year While Not While To factory, street office bldg, etc.) 202. TIME DE INJURY Month, Doy, Year While To factory, street office bldg, etc.) 203. INJURY OCCURRED 2 204. INJURY (Home, form, form, factory, street office bldg, etc.)	YES NO
	20b. EXTERNAL CAUSE WAS PRIMARY IN OCCURRED. (Enter noture of injury in Port I or Port II af item 18.)	21
	CAUSE OF DEATH. Subjects tracheostomy tube was accidently ob	
10	20c. TIME DE INJURY Month, Doy, Year 20d. INJURY OCCURRED 2 20e. PLACE DF INJURY (Home, form, Hour a.m. While Not While 10	inty) (State)
2	p.m. of wark of wark	oward Md
	21. I certify that I took charge af the remains described above, held on Autopsy XX. Inspection, Inquiry,	ond in my opinion
	deoth resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined monner	
9	ACTUAL RAMINER CHIEF MEDICAL EXAMINER	22. DATE SIGNED
rior	SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	
No FUNERAL DIRECTOR: Page 3 should be used as Health prior to buriol, cremation, or removal, and	EXAMINER'S NAME (Type) Edward F. Wilson, M.D. Address (Street, city, tawn, ar county) Octob	er 27, 1967
Hea		(County) (State)
1	CREMOVAL (Specify) 10-30-67 LEE FUNIANAI HONE WAShing Ton, 24. FUNERAL DRECTOR OF ADDRESS 250. REC'D BY REGISTRAR 25W REGISTRAR'S SI	D.C.
5)	Control Control	
	Higinhellow Stack Fellicott City Md. DATE NOV 1 1967 Jelian	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13986 13981 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY Howard a. STATE b. COUNTY Maryland Howard MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give nearest town)
Rural- Poplar Springs Rural- Poplar Springs d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Mathin 22 RFD # 3, Mt. Airy RFD # 3, Mt. Airy YES NO X 3. NAME OF Middle 4. DATE pan Last Year physicion and completely DECEASED David Earl Thompson 67 Oct. 19 (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Doys Hours Male White Feb. 10. 1941 WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) INDUSTRY COUNTRY? Poplar Springs. Machine operator J.H. A.P. Lab. TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thompson Leroy Irene Lugenbeel signed by the offending signed sin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, or unknown) (If yes give wor or dotes of service) 0 216-36-3627 Mrs Sandra B. Thompson. Item INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been os the last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO in day anima - Jo 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., etc.) at work at work 21. I certify that (1) (this haspital) attended the deceased fram factorizing, 1967, to 1967, that (1) (we) last saw the deceased alive and other last saw the deceased alive al should 22a. SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 17.0. XIO POLL MOUSE AVE PRODERICK, end NAME (Type) G.F. ME ADORS. director, should be 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Poplar Springs, Md. Buria] Poplar Springs Meth 24. FUNERAL DIRECTOR VR A15 (4) Olin L. Molesworth, Damascus, Md. 20 M 1/66 DATE

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and the first of the second second		STATE OF THE PARTY.	San	

FOR STATE

HEALTH DEPT.

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necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, "the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

necessory, please execute the certificate, writing the word

MEDICAL EXAMINER:

Health prior to burial, cremotian, or removal, and in ony event within 72 hours ofter deoth

TO FUNERAL DIRECTOR: Page 3 should be used as

5 moy be retained for your files.

This certificate should be executed within 24 hours ofter death. If

State Deportment of

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a burial-tronsit permit. File pages 1 and 2

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	COUNTY Howard				MARYLAND	o. STATE Maryland		nniy rederick	c J	/
	o. CITY OR TOWN (write RURAL and Ellicott	If outside corporate limits d give nearest tawn) City	,	c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (If ou	itside corporate limits, write RU ck	JRAL and give ne	arest tawn)	
	. NAME OF HOSPIT	AL OR INSTITUTION (If no	t in haspit	al, give street address		d. STREET ADDRESS			e. IS RESIDENCE	
На	rdman's	Motel - Rou	te 4	0 & St. Jo	hns La	ae 13 West	12th Street		ON A FARM?	guarante o
	NAME OF DECEASED Type or print)	Fir ME H		Middle F.		Lost WACHTER	4. DATE Mor OF DEATH OCTO	ber 20		
S. :	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MAI	RIED F	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Do		IRS.
	Male	White	WIDOW	/ED DIVO	RCED F	eb. 9-1905	62 63 yrs.	monnis Do	YS 110013 M	111.
10o. duri	USUAL OCCUPATION no most of working Plumber	(Give kind of work done life, even if retired)		b. KIND OF BUSINESS OF INDUSTRY TWO DUSINES		11. BIRTHPLACE (Stote Maryland	or foreign country)	12. CITIZE	N OF WHAT RY? U.S.A.	
13.	FATHER'S NAME			1122 10 000 20210 10		14. MOTHER'S MAIDEN	NAME		0.0111	-
	Allen	T. Wachter				Elizab	eth V. Green			
	WAS DECEASED EVE	R IN U.S. ARMED FORCES?		16. SOCIAL SECURITY N	O. 17. I	NFORMANT	Add	ress	Md.	
(Te	No No	(If yes give war ar dates a	r service)	217-10-969	3 Mrs.	Lola R. Wa	chter-13 W.]	L2th.St.	Frederic	k
		EATH (Enter anly one cau TH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(a)		erotic	Cardiovasc	ular Disease		ONSET AND DEATH	
0.00	Conditions, if ony rise to immediat stating the under last.	e cause (a), DUE	(b) TO (c)							
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTI	NG TO DEATH BUT NOT	RELATED TO T	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO	
CERTIFICATION	20a. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		201). DESCRIBE HOW INJUR	Y OCCURRED. ((Enter nature of injury in	Part I ar Part II af item 1B.)			
MEDICAL	20c. TIME OF INJU Hour o.r	10	W	d. INJURY OCCURRED /hile Not While wark at wark		E OF INJURY (Hame, farm ory, street, office bldg., etc.)		(County) (State	2)
	21. I certif	y that I toak charge	af the	remains described	d abave, he	ld an Autapsy X,	Inspection , Ing	uiry 🗍,	and in my apir	nian
	death result		I causes				Undetermined n	manner 🔲	4 - 14	
	ACTUAL	:118 2 0	1			CHIEF MEDICAL	EXAMINER			
	SIGNATURE _	would	4-	JAK .			ICAL EXAMINER	* 0.4	22. DATE SIGN	IED
	EXAMINER'S NAME (Type)	Werner U	J. Sp	itz, M.D.		DEPUTY MEDICA Address (Street	AL EXAMINER	10/2	21/67	9
230	BURIAL, CREMATIC		REOF	23c. NAME OF			23d. LOCATION (City or T	,	unty) (State)	
	REMOVAL (Specify Burial	Oct . 2	3-196			emetery	Frederick,			
24	M.R.Etc		7,	ADDRESS Frederic				REGISTRAR'S SIGN.	Judge.	

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